

Substitute for form 1449/PTO		COMPLETE IF KNOWN	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT(S) <i>(Use as many sheets as necessary)</i>		Application Number	Unknown 101780829
		Filing Date	Herewith
		First Named Inventor	Mark J. Mayer et al.
		Art Unit	Unknown
		Examiner Name	Unknown
Sheet 1 of 2		Attorney Docket No.	134726 135824 GLOZ 2 00164

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Examiner Initials*	Cite No.	Document No. Number-Kind Code (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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OTHER PRIOR ART - NON PATENT LITERATURE DOCUMENTS			
Examiner Initials*	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume/issue number(s), publisher, city and/or country where published	T
	AQ		
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Examiner Signature	Y Quach Lee	Date Considered	9/23/04
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	BJ	US-			
	BK	US-			
	BL	US-			

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	BN					
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	BP					

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